

IPA Estimated Cost Report - FY _____

MARSHALL SPACE FLIGHT CENTER

***** SENSITIVE INFORMATION - FOR INTERNAL MSFC USE ONLY *****

1. IPA Participant (Name):	3. Period of Performance:
2. Misc. ODN:	From: _____ To: _____

4. Accounting Code(s):					
	Cost Center	WBS	Fund	Amount	Misc. DCN
a.					
b.					
c.					
d.					
e.					
f.					

5. Negotiated Amount (\$ Amt. on IPA Agreement):	6. Total Funded Amount:	7. Extension:
8. Management Point of Contact:		
9. Funding Point of Contact:		

10. Comments:

11. Breakdown of Total Costs:			
Item	Original Costs	Year 2	Total Cost
Travel:			
Total Travel			
Other Direct Costs:			
Salaries			
Fringe Benefits			
IDC			
Total Other Direct Cost			
TOTAL FULL COST			

***** FOR FISCAL CONTROL DIVISION USE ONLY *****

12. Fund Certifications:
